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ABSTRACT

Parental involvement in schooling has been shown to bolster student performance. However, eliciting parents' participation in their children's schooling has proven to be an elusive task, particularly among parents from lower socio-economic and ethnic minority backgrounds. To encourage parent involvement in the school setting, an intervention that directly addresses parents' needs was proposed. The intervention, which involved school-based mutual support groups (MSGs) for parents, was designed and successfully implemented among lower socio-economic status English- and Spanish-speaking parents. Phone interviews were conducted with 43 participants (14 English-speakers and 29 Spanish-speakers) and 53 nonparticipants (27 English-speakers and 26 Spanish-speakers) to investigate differences in demographics, perceptions of parenting stress and problems, propensity for help-seeking, attitudes towards school-based MSGs, psychological and social coping resources, and environmental factors. All participants and nonparticipants were mothers. Data from the interviews indicated that parents who opted to participate in the groups reported a greater need for social support and greater dissatisfaction with their present support systems. The participating parents also reported experiencing greater stress around their parenting role and lower levels of parenting competence. Finally, the participants appeared to possess less adequate psychological coping resources, specifically they reported lower levels of self-esteem and mastery and more "feeling bad." Results from the study suggest that MSGs may be a feasible intervention for low-income and ethnic minority parents. They also appear to be recruiting parents in need of social support and parenting skills. (Author/ABL)

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# School-Based Mutual Support Groups for Parents[1]

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## Abstract

Parental involvement in schooling has been shown to bolster student performance. However, eliciting parents' participation in their children's schooling has proved to be an elusive task, particularly among parents from lower socio-economic and ethnic minority backgrounds. To encourage parent involvement in the school setting, an intervention that directly addresses parents' needs was proposed. The intervention, which involved school-based mutual support groups (MSGs) for parents, was designed and successfully implemented among lower socio-economic status English- and Spanish-speaking parents. Phone interviews were conducted with participants and nonparticipants to investigate differences in demographics, perceptions of parenting stress and problems, propensity for help-seeking, attitudes toward school-based MSGs, psychological and social coping resources, and environmental factors. The findings and suggestions for expanding the research agenda related to school-based MSGs are discussed.

School-Based Mutual Support Groups for Parents

August 20, 1991

Various reports have pointed to the importance of involving parents in the schooling of their children (Ascher, 1988; Ascher & Flaxman, 1985; Epstein, 1983, 1987; Herman & Yeh, 1983). As this symposium has elucidated, however, there are many obstacles to parent involvement. One way to encourage parent involvement in the schools may be to offer them programs that will address their own needs as well as those of their children.

We propose helping parents establish their own school-based mutual support groups or MSGs (see reviews by Jacobs & Goodman, 1989; Katz & Bender, 1976; Lieberman & Borman, 1979; Powell, 1987). While traditional parent training programs are didactic in nature (Powell, 1988), MSGs provide parents the forum for meeting on their own for social contacts, mutual aid, and support around their parenting responsibilities. Moreover, an additional benefit of such groups may be increased parental involvement in their children's schooling.

What are MSGs? According to Lieberman (1986), they are "composed of members who share a common condition, situation, heritage, symptom, or experience. They are largely self-governing and self-regulating. They emphasize self-reliance and generally offer a face-to-face or phone-to-phone fellowship network, available and accessible without charge. They tend to be self-supporting rather than dependent on external funding" (p. 745).

Outcome data on MSGs and analyses of their intra-group processes are scant at this time. However, existing studies suggest positive effects of participation (e.g., Ayers, 1989; Gottlieb, 1987; Leon, Mazur, Montalvo, & Rodrieguez, 1984).

MSG interventions evolve from the self-help concepts of the 1960's--the importance of personal autonomy, participation, self-actualization, consumer rights, deprofessionalization, and decentralization. They therefore appear to be particularly appropriate for targeting low income and ethnic minority parents, who may be empowered through the groups' self-governing nature. On an individual level, empowerment in the groups may operate according to Riessman's (1965, 1990) "helper-therapy principle." Riessman posits that helpers often benefit more than the helped because help-giving fosters independence, self-esteem, and feelings of social usefulness. Rappaport (in press) and Swift and Levin (1987) suggest that empowerment may lead to better health outcomes and prevention, while Bandura (1977) suggests the same benefits may accrue from bolstered self-efficacy.

The appeal of MSGs has been demonstrated by their proliferation over the past three decades. This burgeoning growth warrants an updated and expanded research agenda related to MSGs and more rigorous research investigations. Toward this end, I present below (a) ideas for expanding the research agenda related to school-based MSGs for parents, (b) the specifics of a field-tested intervention for implementing such groups, and (c) an overview of the methodology and results of a preliminary investigation aimed at identifying differences between MSG participants and nonparticipants.

## Expanding the Research Agenda

A framework for researching MSGs has already been provided by the literature on small groups and psychotherapy outcome. Yet as Lieberman and Bond (1979) caution, the appropriate models for studying self-help groups may not come from this work. Research specific to the process of mutual aid needs to be conducted in the areas of (a) underlying rationale, (b) participant population, (c) intra-group process, and (d) outcome. Some example of topics in need of investigation are presented under these four headings in Table 1 and are overviewed below.

Examining the underlying rationale for MSG interventions involves first conceptualizing the intervention. Are the groups based on the ideals of self-help, the benefits of mutual support, or the theory of group therapy? Perhaps a comprehensive conceptualization will draw upon all three areas and more. Each area draws upon its own literature, which addresses population, process, and outcome issues differently. The body of research addressing formal and informal help-seeking behaviors also has much to contribute to this discussion.

Conceptualizing MSG intervention requires grappling with socio-political as well as psychological issues. Whereas many group mental health interventions have focused on socialization processes, MSGs have the potential to be empowering agents. In need of exploration is the role of the professional in the development of MSGs (see Borkman, 1990; Gottlieb, 1981; Jacobs & Goodman, 1989). The degree and extent of professional collaboration in the development of MSGs will be tempered according to the outcome of the empowerment versus socialization debate. Ideally, the professional will aim for

minimal intervention in order not to obstruct the path of empowerment for those who participate. Wollert and Barron (1983) have suggested four avenues for collaboration: (a) organizational assistance, (b) consultative services, (c) ongoing service roles, and (d) clearinghouse services. Balgopal, Ephross, and Vassil (1986) propose a more specific paradigm for collaborative effort, outlining six group needs and the professional response appropriate to each. For example, the suggested professional response to a completely independent and self-maintained group would be limited to "sympathetic participation and interaction with group members as opportunities present themselves" (p. 132).

With respect to population concerns, the MSG research agenda might profitably expand to consider which populations are appropriate targets for MSG interventions. This will involve exploring demographic differences. White, middle-class females tend to be disproportionately represented in the self-help movement (Borkman, 1990). Will current models work also for ethnic minorities and the economically disadvantaged? Related here is the necessity of properly matching intervention and recipient (Adelman & Taylor, 1988). To address these questions, researchers will need to explore who is participating in MSGs and how they differ from those who do not (see section below).

The research agenda for MSGs might also expand to consider more closely intra-group process. For example, identifying individual differences in such variables as self-disclosure and advice giving might be illuminating. Luke, Rappaport, and Seidman (1991) have set an example of this type of research with their identification of four phenotypes or meaningful behavior patterns (personal, impersonal, small talk, and advising) observed during 510 mutual help group meetings. A conceptualization of

MSGs as providers primarily of social support stresses the benefits of social contact, the role of the group process, and social comparison processes, yet what specific aspects of the group are most socially supportive? For example, there is some evidence that ongoing friendships with group members outside the group is most beneficial to group members (Lieberman & Videka-Sherman, 1986). Attrition also needs to be addressed. Who are the participants who are not considered in analyses because they drop out after one meeting? Formatively evaluating specific intervention components will be crucial to devising the most effective and efficient interventions.

With respect to the outcome research agenda, Lieberman and Bond (1979) suggest the main issues are what to measure, when to measure, and who to measure. In discussing what to measure, they refer to Strupp and Hadley's (1977) model and suggest selecting outcome measures based on the perspectives of the client, the group, and the researcher. Specifically, the client perspective involves an ideographic approach measuring individualized goals and a nomothetic approach that employs standardized measures of all participants. The group perspective entails assessment of system-level criteria and group ideology. Finally, from the researcher's perspective, the adequacy of functioning in such major social roles as marriage and occupation as well as psychological adjustment would be crucial to consider. In terms of when to measure, the authors suggest adopting a quasi-experimental design that takes into account the intermittent, often long-term nature of the help given, the lack of a "pre" measure, the nonoccurrence of events with recovering addicts, and "spontaneous" recovery. Determining whom to measure involves overcoming such obstacles as lack of controls,

self-selection, and participants' use of multiple helpers, perhaps by using normative samples or controlling for differences between members and nonmembers.

Feasibility studies must address not only the potential benefits but the possibility of negative consequences. Follow-ups at reasonable periods must also be included.

## A Field-Tested Mutual Support Group Intervention

Toward the goal of delineating specific intervention components, a tripartite model for implementing MSGs was designed and field-tested. The intervention was adapted from procedures for establishing self-help groups developed at the California Self-Help Center. The three-stage intervention encompasses (1) member recruitment, (2) group training, and (3) off-site consultation. Member recruitment involves school-wide advertisements and personal recruiting. Group training takes place over six consecutive weeks, during which members learn to assume the rotating roles of group facilitator and timekeeper and to use a four-part meeting format (Announcements, Mood Check-In, Group Discussion Time, and Wrap-up). During this period, the intervener (a) helps find new members and (b) instructs the group with respect to the concepts of mutual support, the role of the professional consultant, how to give helpful advice, and basic ground rules regarding time limits and confidentiality. The group convenes on their own during the fifth week to develop confidence in their ability to continue autonomously. The sixth week the intervener returns to observe the meeting and answer questions. Thereafter, the intervener remains available for off-site consultation as requested by group members. A manual has been prepared for dissemination to schools interested in implementing the program as part of their

parental involvement strategies. A brief overview of the parent training portion is provided in Table 2.

## Who Participates in MSGs: Preliminary Findings

Based on a pilot investigation (Simoni & Adelman, 1990), a project involving the implementation of MSGs in two schools was conducted. The research component of the study involved contrasting participants in the groups with other parents who expressed no interest in the group and/or did not attend.

### Overview of Methodology

Procedure. Briefly, two schools interested in offering parents the opportunity to attend various parent groups were identified. At each school all teachers were given flyers to distribute to their students. The flyers were printed in both English and Spanish and announced an MSG for parents described as a place to discuss concerns about raising children, share experiences, receive practical advice and support, and make new friends. Directions on the flyer instructed parents to check if they were interested or not, fill in the blanks (providing name, telephone number, etc.), to indicated if they could be called, to put it in the envelope provided, and have their child return it.

All parents indicating "YES" were called and informed of the first meeting time and asked if they are able to attend. When enough interest was indicated, groups were conducted according to the agenda presented in Table 1. Mothers who attended at least one meeting were then called and were given the entire interview. The mothers who returned the flyer indicating they were not interested in the group were also called and given the interview. As many of these parents requested not to be called, a random

selection of names of parents who had not attended the groups was culled from the school records and these parents were given the interview and considered as part of the contrast group.

Participants. Two groups were identified: the Participants (mothers who attended at least one parent meeting) and the Nonparticipants (a group of nonparticipating mothers who were called at random). The final sample included 43 Participants (14 English-speakers and 29 Spanish-speakers) and 53 Nonparticipants (27 English-speakers and 26 Spanish-speakers).

Measures. Bilingual phone interviewers asked open- and closed-end questions to elicit information regarding demographics, perceptions of parenting stress and problems, propensity for help-seeking, attitudes toward school-based MSGs, psychological and social coping resources, and environmental factors.

Selected Findings

Two of four MSGs for parents were implemented with reasonable success. Specifically, one English-speaking group continued completely autonomously for the last two months of the school year, and one Spanish-speaking group continues to meet (eight months after the training phase) in the presence of a bilingual aide.

Data from the interviews, summarized in Table 3, indicate that parents who opted to participate in the groups reported a greater need for social support and greater dissatisfaction with their present support systems. The participating parents also reported experiencing greater stress around their parenting role and lower levels of parenting competence. Finally, the participants appear to possess less adequate

psychological coping resources; specifically, they reported lower levels of self-esteem and mastery and more "Feeling Bad".

Discussion of Findings

Results from the study suggest that MSGs may be a feasible intervention for low-income and ethnic minority parents. They also appear to be recruiting parents in need of social support and parenting skills.

The success of the MSG in a school-setting also has important implications. The fact that they were school-based allowed for direct invitations to all parents, and for some, made attendance feasible. In general, school-based MSGs enable a school to offer a resource that has potential for enhancing the quality of parents' lives both with respect to overcoming personal problems and expanding their social network. Furthermore, school-based MSGs may provide a highly appealing point of entry, thereby facilitating efforts to increase parent involvement in schools.

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**Table 1: Expanding the Research Agenda Related to School-Based Mutual Support Groups for Parents-- Possible Areas of Focus**

Underlying Rationale
How should we conceptualize mutual support group interventions?

- .Differences between self-help, mutual support, group therapy
- .Integrating the help-seeking literature
- .Empowerment versus socialization
- .Professional's role

Population
Who are mutual support groups appropriate for?

- .Demographics
- .Matching intervention to individual parents
- .Characteristics of participants versus nonparticipants

Process
What happens during the meetings?

- .Intra-group processes
- .Identifying specific modes of social support
- .Attrition
- .Intervention components

Outcome
What are the costs versus the benefits?

- .What to measure
- .Feasibility
- .Persistence of effects
- .Individual differences in outcome

**Table 2: Establishing a School-Based Mutual Support Group for Parents**

*Train a confident yet uncontrolling person to help you start the group
*Choose a school with a cooperative administration
*Find a comfortable, quiet room and set a time convenient for parents
*Recruit parents by advertizing the group
*Follow the weekly agenda described below
*Thereafter, remain available for off-site consultation
*Consider training other staff members how to start a group

Weekly Agenda

*1st Meeting: Introductions and Guidelines
.introductions (name tags are helpful)
.serve refreshments
.explain the idea and value of mutual support
.describe your role as group starters and the structure or the group
.present ground rules (confidentiality, no cross-talk, punctuality)
.each person states what s/he would like from the group
.lead into group discussion

*2nd Meeting: The Four-Part Format
.present format (Announcements, Check-in, Discussion, Wrap-up)
.describe the rotating role of the group leader
1. Provides refreshments
2. Greets new members
3. Makes sure everyone gets a chance to talk
4. Picks the facilitator and timekeeper for the next week
.describe the rotating role of the group Timekeeper
1. Makes sure the meeting starts and ends on time
2. Starts wrap-up at ten minutes before the meeting's close
3. Child care: Brings a babysitter or brings toys and watches children
.help members carry out four-part format
.choose a leader and timekeeper for the next meeting

*3rd Meeting: Parents' Turn
.observe group members carry out four-part format
.use wrap-up to discuss how well the group ran

*4th Meeting: W.I.S.E. Advice
.discuss advice-giving using W.I.S.E. advice guidelines
W. - Is the person willing or asking to hear advice?
I. - Are you informed about what the person has already tried?
S. - Has the advice you want to give been successful for you?
E. - Are you trying to be empathic and caring as well as helpful?
.group members carry out 4-part format

*5th Meeting: On Their Own
.members meet on their own

*6th Meeting: Consolidation and Good-byes
.attend meeting to find out how #5 went
.answer questions, encourage, support
.presentation
1. Learning to listen
2. The power of empathic self-disclosures
.group members carry out 4-part format
.assure members co-starters will be available for consultation
.good-byes

[A manual describing the intervention in greater detail is available from the author.]

**Table 3: Preliminary Research Findings--**
**Who Attends School-Based Mutual Support Groups**

In contrast to nonparticipating mothers, mothers who participated in a school-based mutual support group were hypothesized to report the following (significant findings are indicated):

I. Perceptions of Parenting Stress and Problems
- ** A. Higher levels of parenting stress
- ** B. Greater strain around the parenting role
- C. Greater severity of parenting problems
- D. Internal attributions for resolutions to their parenting problems
- E. Negative peer comparisons
- F. Greater responsibility for their children's behavior problems

II. Propensity for Help-Seeking
- A. More positive attitudes toward seeking help
- B. More past experiences with professionals and self-help organizations

III. Attitudes Toward School-based MSGs
- A. More positive attitudes about parent-led MSGs
- B. Greater expectations for the support functions of MSGs

IV. Psychological Coping Resources
- ++ A. Higher levels of self-esteem
- B. Greater general life satisfaction
- C. Greater "Feeling Good"
- ++ D. Less "Feeling Bad"
- ++ E. Higher levels of mastery
- * F. Lower levels of perceived parenting competence

V. Social Coping Resources
- A. Greater perceived availability of social support
- B. More extensive perceived social networks
- C. More extensive actual social networks
- ** D. Greater need for social support
- ** E. Less satisfaction with current level of social support
- F. Greater organizational support

VI. Environmental Factors
- ** A. Comparable barriers to group participation
- ** B. More factors which facilitate group participation
- ** C. More extensive previous school involvement

** Results confirmed the hypothesis ($p < .05$)
* Results confirmed the hypothesis ($p < .10$)
++ Results disconfirmed the hypothesis ($p < .05$)
+ Results disconfirmed the hypothesis ($p < .10$)